STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
SOUTHEAST REGION

Human Resources
1010 W. Columbia
Farmington, MO 63640

EMPLOYMENT APPLICATION

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Southeast Missouri Mental Health Center (SMMHC)

Please check one or both

☐ *Adult Psychiatric Services (APS)*

☐ *Sex Offender Rehabilitation & Treatment Services (SORTS)*

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

TELEPHONE NUMBER	ALTERNATE/CELL NUMBER	HAVE YOU WORKED UNDER ANY OTHER NAME? ☐ Yes ☐ No IF YES, WHAT NAME(S)? _____	MAIDEN NAME

WHAT POSITION(S) ARE YOU APPLYING? ☐ RN ☐ LPN ☐ Psychiatric Technician ☐ Direct Care Aide/Security Aide ☐ Custodial Worker ☐ Food Service Helper ☐ Other_____

HOW DID YOU LEARN ABOUT THIS POSITION? ☐ Newspaper ☐ Division of Family Services ☐ Family/Friend _____ ☐ Job Service ☐ Just walked in ☐ Other _____

FOR WHAT TYPE OF EMPLOYMENT ARE YOU APPLYING? ☐ FULL TIME ☐ PART TIME ☐ TEMPORARY ☐ ANY

WHAT IS THE MINIMUM SALARY YOU WILL ACCEPT? _____

STATE LAW PROHIBITS THE HIRING OF RELATIVES IN CERTAIN SITUATIONS. DO YOU HAVE ANY RELATIVES (such as - SPOUSE, CHILD, PARENT, SIBLING, GRANDPARENT OR GRANDCHILD) WORKING FOR THE DEPARTMENT OF MENTAL HEALTH? ☐ Yes ☐ No **IF YES, STATE DETAILS:**_____

_____

HAVE YOU EVER BEEN EMPLOYED BY ANY **STATE OF MISSOURI** AGENCY? ☐ Yes ☐ No IF YES, STATE AGENCY NAME, JOB TITLE, DATES OF EMPLOYMENT, REASON FOR LEAVING & WHETHER ELIGIBLE FOR REHIRE_____

_____

HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR NOLO CONTENDERE TO, **ANY CRIME** OTHER THAN A MINOR TRAFFIC VIOLATION, INCLUDING ANY SUSPENDED IMPOSITION OR EXECUTION OF SENTENCE (SIS/SES)OR HAVE YOU SERVED ANY PERIODS OF PAROLE OR PROBATION? ☐ Yes * ☐ No

IF YES, STATE DETAILS.** ***PLEASE NOTE: APPLICANTS WHO RECEIVED A SIS/SES AND SUCCESSFULLY COMPLETED ANY PERIOD OF PAROLE/PROBATION MUST INCLUDE DETAILS AS WELL. _____

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HAVE YOU EVER BEEN FOUND TO HAVE ABUSED OR NEGLECTED ELDERLY OR HANDICAPPED PATIENTS OR RESIDENTS, OR HAVE YOU BEEN PLACED ON ANY MISSOURI EMPLOYEE DISQUALIFICATION LIST? ☐ Yes ☐ No

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES OR FRIENDS CURRENTLY OR POTENTIALLY RECEIVING SERVICES AT SMMHC - ADULT PSYCHIATRIC SERVICES PROGRAM, SEX OFFENDER REHABILITATION AND TREATMENT SERVICES PROGRAM OR THE CORRECTIONAL TREATMENT CENTER PROGRAM?
☐ Yes ☐ No *IF YES, THIS WILL BE DISCUSSED CONFIDENTIALLY WITH THE INTERVIEWER.*

RECORD OF EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL, OBTAINED A GED OR SUCCESSFULLY PASSED A HIGH SCHOOL EQUIVALENCY TEST?	☐ YES ☐ NO
ARE YOU CURRENTLY ATTENDING SCHOOL/COLLEGE?	☐ YES ☐ NO

LIST COLLEGE, UNIVERSITY OR VOCATIONAL SCHOOL BELOW

NAME AND LOCATION	DATES OF ATTENDANCE	COURSE OF STUDY	SEMESTER HOURS OR CLOCK HOURS COMPLETED	LIST DIPLOMA OR DEGREE ATTAINED
NAME				
LOCATION				
NAME				
LOCATION				

RECORD OF EMPLOYMENT/MILITARY SERVICE/VOLUNTEER WORK

Begin with current or most recent employer. Include all employment history and explain any gaps in employment.

(Attach additional sheets if necessary.)

NAME AND ADDRESS OF EMPLOYER	FROM		TO		HOURS PER WEEK	POSITION HELD AND DUTIES	
	MONTH	YEAR	MONTH	YEAR			
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING

MAY WE CONTACT YOUR CURRENT EMPLOYER(S)? ☐ Yes ☐ No MAY WE CONTACT YOUR FORMER EMPLOYER(S)? ☐ Yes ☐ No

IF YES, YOUR SIGNATURE BELOW AUTHORIZES ANY CURRENT AND/OR FORMER EMPLOYER TO FURNISH THE DEPARTMENT OF MENTAL HEALTH WITH ANY AND ALL INFORMATION CONCERNING YOUR EMPLOYMENT AND RELEASES ANY CURRENT AND/OR FORMER EMPLOYER FROM ALL LIABILITY FOR AND DAMAGES IN FURNISHING SUCH INFORMATION.

IF YOU ARE CURRENTLY CERTIFIED, REGISTERED, OR LICENSED TO PRACTICE YOUR PROFESSION OR OCCUPATION,
GIVE NAME OF ASSOCIATION OR LICENSING AUTHORITY______________________________
CERTIFICATION, REGISTRATION, OR LICENSING NUMBER______________________________EXPIRATION DATE ____________________
CERTIFIED, REGISTERED, OR LICENSED IN THE STATE OF MISSOURI? ☐ YES ☐ NO

IF LICENSED, HAS YOUR PROFESSIONAL LICENSE (EXCEPT FOR DRIVER'S LICENSE) EVER BEEN DISCIPLINED, SUSPENDED, REVOKED, REPRIMANDED, RESTRICTED, CURTAILED, OR VOLUNTARILY SURRENDERED, OR DO YOU HAVE ANY PENDING COMPLAINTS BEFORE ANY REGULATORY BOARD OR AGENCY, OR IS THERE ANY INVESTIGATION OR ADVERSE ACTION NOW PENDING AGAINST YOU? ☐ YES ☐NO IF YES, EXPLAIN ALL SUCH INCIDENTS, GIVING FACTS AND DATES, AND DESCRIBING ANY ACTION THAT YOU TOOK AND ANY RESOLUTION TO THE MATTER. (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.)

SHOULD I BE EMPLOYED BY THIS FACILITY, I UNDERSTAND THAT I WILL BE REQUIRED TO FULFILL ALL ESSENTIAL FUNCTIONS OF THE JOB I AM HIRED TO PERFORM, WITH OR WITHOUT ACCOMODATION. INABILITY TO DO SO MAY RENDER ME NO LONGER QUALIFIED FOR THE POSITION, AND MAY BE CONSIDERED CAUSE FOR DISMISSAL.

SMMHC REQUIRES ALL EMPLOYEES TO BE IMMUNIZED ANNUALLY WITH A FLU VACCINE, AT NO COST TO EMPLOYEES. EXCLUSIONS FROM THIS MANDATORY REQUIREMENT MAY BE GRANTED FOR CERTAIN MEDICAL CONTRAINDICATIONS OR RELIGIOUS BELIEFS. EXCEPTIONS MUST BE HANDLED IN ACCORDANCE WITH FACILITY OPERATIONS DIRECTIVE; "MANDATORY INFLUENZA VACCINATION" DATED AUGUST 1, 2013.

A DRUG SCREEN WILL BE PERFORMED PRIOR TO EMPLOYMENT. EMPLOYMENT WILL BE CONTINGENT UPON NEGATIVE RESULTS.

I UNDERSTAND THAT SOUTHEAST MISSOURI MENTAL HEALTH CENTER PROMOTES AN ALCOHOL & DRUG FREE WORK PLACE AND AGREE TO TESTING AS THE FACILITY DEEMS NECESSARY.

I UNDERSTAND THAT SOUTHEAST MISSOURI MENTAL HEALTH CENTER IS A TOBACCO FREE ENVIRONMENT WHICH PROHIBITS THE USE/POSSESSION OF ALL TOBACCO PRODUCTS ON GROUNDS, BUILDINGS, AND PARKING LOTS. I AGREE TO COMPLY WITH THE SOUTHEAST REGION POLICY, R-LD.190 – SMOKE/TOBACCO FREE CAMPUS.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ANY FALSIFICATION OR MISREPRESENTATION MAY RESULT IN MY DISMISSAL AT ANY TIME THEREAFTER SHOULD I BE EMPLOYED BY THE STATE OF MISSOURI.

SIGNATURE	E-MAIL ADDRESS	DATE

OFFICE USE ONLY: ☐ MESH record attached ☐ No record found in MESH